

NVB 250B (Rev. 10/14)

CERTIFICATE OF SERVICE

IN RE:

BK-15-13297-mkn
CHAPTER 13

ILIA CHAROV ,

Debtor(s)

Adversary Proceeding: BK-15-01107-mkn

ILIA CHAROV
RICK A. YARNALL, et al,

Plaintiff(s)

COMPLAINT, SUMMONS
STANDARD DISCOVERY PLAN AND
SCHEDULING ORDER PACKET

vs

Hearing Date: ~~October 22, 2015~~Hearing Time: ~~10:00 AM~~BANK OF NEW YORK MELON, F/K/A A BANK OF
NEW YORK, et al,

Defendant(s)



RECEIVED
AND FILED
JUL 28 PM 2:24
2015
BANK OF NEW YORK
MELON

I, _____, certify that I am at least 18 years old and not a party to the matter concerning
(name)
which service of process was made. I further certify that the service of this summons and a copy of the complaint
along with the Standard Discovery Plan and Scheduling Order packet, as required by Local Rule 7016(b), was made
on _____
(date)

by:

- ☐ Mail Service: Regular, first class United States mail, postage fully pre-paid, addressed to:
- ☐ Personal Service: By leaving the process with defendant or with an officer or agent of defendant at:
- ☐ Residence Service: By leaving the process with the following adult at:
- ☒ Certified Mail Service on an Insured Depository Institution: By sending the process by certified mail addressed to the following officer of the defendant at:
KAREN PELETZ - PRESIDENT OF BONY MELON,
1 WALL STR., NY, NY, 10286
- ☐ Publication: The defendant was served as follows: (Describe briefly)
- ☐ State Law: The defendant was served pursuant to the laws of the State of _____,
as follows: (Describe briefly) (name of state)

Under penalty of perjury, I declare that the foregoing is true and correct.

Dated: July 22.15

Signature: Ilia Charov

Print Name:	<u>ILIA CHAROV</u>		
Business Address:	<u>PO box 19153</u>		
City:	<u>LV</u>	State:	<u>NV</u>
		Zip:	<u>89132</u>

NVB 250B (Rev. 10/14)

CERTIFICATE OF SERVICE

IN RE:

BK-15-13297-mkn
CHAPTER 13

ILIA CHAROV ,

Debtor(s)

Adversary Proceeding: BK-15-01107-mkn

ILIA CHAROV
RICK A. YARNALL, et al,

Plaintiff(s)

COMPLAINT, SUMMONS
STANDARD DISCOVERY PLAN AND
SCHEDULING ORDER PACKET

vs

Hearing Date: October 22, 2015
Hearing Time: 10:00 AM

BANK OF NEW YORK MELON, F/K/A A BANK OF
NEW YORK, et al,

Defendant(s)

I, ILIA CHAROV, certify that I am at least 18 years old and not a party to the matter concerning
(name)
which service of process was made. I further certify that the service of this summons and a copy of the complaint
along with the Standard Discovery Plan and Scheduling Order packet, as required by Local Rule 7016(b), was made
on _____
(date)

by:

- ☐ Mail Service: Regular, first class United States mail, postage fully pre-paid, addressed to:
- ☐ Personal Service: By leaving the process with defendant or with an officer or agent of defendant at:
- ☐ Residence Service: By leaving the process with the following adult at:
- ☒ Certified Mail Service on an Insured Depository Institution: By sending the process by certified mail
addressed to the following officer of the defendant at:
BANK OF NY Mellon, 1 WALL ST
NY, NY 10286
- ☐ Publication: The defendant was served as follows: (Describe briefly)
- ☐ State Law: The defendant was served pursuant to the laws of the State of _____,
as follows: (Describe briefly) (name of state)

Under penalty of perjury, I declare that the foregoing is true and correct.

Dated: July 6, 2015

Signature: Ilia Charov

Print Name: ILIA CHAROV

Business Address: 1708 CORDOBA LN apt C

City: LAS VEGAS State: NV Zip: 89132

NVB 250B (Rev. 10/14)

CERTIFICATE OF SERVICE

IN RE:

BK-15-13297-mkn
CHAPTER 13

ILIA CHAROV ,

Debtor(s)

Adversary Proceeding: BK-15-01107-mkn

ILIA CHAROV
RICK A. YARNALL, et al,

Plaintiff(s)

COMPLAINT, SUMMONS
STANDARD DISCOVERY PLAN AND
SCHEDULING ORDER PACKET

vs

Hearing Date: October 22, 2015

Hearing Time: 10:00 AM

BANK OF NEW YORK MELON, F/K/A A BANK OF
NEW YORK, et al,

Defendant(s)

I, _____, certify that I am at least 18 years old and not a party to the matter concerning
(name)

which service of process was made. I further certify that the service of this summons and a copy of the complaint
along with the Standard Discovery Plan and Scheduling Order packet, as required by Local Rule 7016(b), was made
on _____
(date)

by:

- ☐ Mail Service: Regular, first class United States mail, postage fully pre-paid, addressed to:
- ☐ Personal Service: By leaving the process with defendant or with an officer or agent of defendant at:
- ☐ Residence Service: By leaving the process with the following adult at:

☒ Certified Mail Service on an Insured Depository Institution: By sending the process by certified mail
addressed to the following officer of the defendant at:

WRIGHT, FINLAY PZAK LLP
7785 W. SAHARA AV, SU 200, LV NV 89117

☐ Publication: The defendant was served as follows: (Describe briefly)

☐ State Law: The defendant was served pursuant to the laws of the State of _____,
as follows: (Describe briefly) (name of state)

Under penalty of perjury, I declare that the foregoing is true and correct.

Dated: July 28. 15

Signature: Lia Charov

Print Name: LIA CHAROV

Business Address: PO Box 19153

City: LV State: NV Zip: 89132

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BANK OF NEW YORK
MELLON

1 WALL STR

NEW YORK NEW YORK 10286



9590 9401 0013 5071 0037 17

2. Article Number (Transfer from service label)

7014 2120 0001 0779 3941

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Address

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☐ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restrict☐ Delivery☐ Return Receipt for☐ Merchandise☐ Signature Confirmation☐ Signature Confirmation☐ Restricted Delivery

Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

KAREN PEEZ
PRESIDENT OF BONY
MELLON

1 WALL STR, NY, NY, 10286



9590 9403 0216 5146 3577 24

2. Article Number (Transfer from service label)

7010 1670 0002 4506 8151

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Damar Williams

BNY Mellon, 101 Barclay St.

New York, NY 10286

☐ Agent☐ Address

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☐ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restrict☐ Delivery☐ Return Receipt for☐ Merchandise☐ Signature Confirmation☐ Signature Confirmation☐ Restricted Delivery

Mail Restricted Delivery

(00)

Domestic Return Receipt

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

NEW YORK NY 10286

Postage	\$ 3.45	0007
Certified Fee	\$2.80	35 Postmark Here
Return Receipt Fee (Endorsement Required)	\$0.00	
Restricted Delivery Fee (Endorsement Required)	N/A	
	\$0.93	07/10/2015
Total Postage & Fees	\$ 7.18	

Sent to: KAREN PEEZ - PRESIDENT
OF BONY MELLON, 1 WALL STR
NY, NY, 10286
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

NEW YORK NY 10286

Postage	\$ 3.45
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	N/A
Total Postage & Fees	\$ 7.18

Sent to: BANK OF NY MELLON
1 WALL STR NY, NY 10286
City, State, ZIP+4

PS Form 3800, July 2014

See Reverse for Instructions